

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26541

Registrar's No.

6333

Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2843 Howard Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community 26 Years
years, months or days)

3. (a) PRINT FULL NAME Lee O'Neal

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex Female
5. Color or race C ol.

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased September 9, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 22 hr. min.

9. Birthplace La.
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business.....

12. Name Sim Easton

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Soile ?

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Franklin Cline

(b) Address 4100 Easton Avenue

17. (a) Burial (b) Date thereof 8-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director F.A. Green

(b) Address 2915 Franklin Avenue

19. (a) AUG - 2 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2843 Howard Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1941 hour 12 minute A. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Coronary Thrombosis
(Sclerosis)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Thomas J. Callahan (M. D. or other).....

Address Deputy Coroner Date signed.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. A. Green

Licensed Embalmer No. 2963

P. O. Address. 2915 Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.